

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101577629

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
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19				1		
20				1		
21				1		
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	32	←	31	←		←
TOTAL CLAIMS	33		32			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.			←		←	←
TOTAL CLAIMS						